

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Facility Information

Facility Name: CENTER HOUSE (0010216)
Address: 208 EAST CENTER STREET, SHAWANO, WI 54166
License Status: REGULAR
Licensed/Certified/Registered 09/29/2003
Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0095806 **End Date:** 09/21/2005 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009465 Served 11/03/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(3)(d)1	DESCRIPTION OF SERVICES		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		

Survey ID: 0091168 **End Date:** 09/29/2003 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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